



**Commonwealth of Kentucky**  
**Public Protection Cabinet**  
**Department of Housing, Buildings and Construction**  
 Electrical Division  
 Electrical Licensing  
 101 Sea Hero Road, Suite 100  
 Frankfort, Kentucky 40601-5412  
 Telephone: 502-573-2002



**RECIPROCITY**  
**ELECTRICAL LICENSE APPLICATION**

DESIGNATE THE TYPE OF LICENSE YOU ARE APPLYING FOR:

**Contractor\***                       **Master**                       **Electrician**

<b>*Contractor License Requirement</b> Licensed Contractors are required to have a Master license holder associated with his/her license at all times. If you are applying for a contractor license and NOT a master license, you must provide the Master's license number.	Master License #  ME _____
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Last Name		First Name, Middle Initial		Gender	Business Name (Contractor)		
Address(Street, Box, Route)		City	State	Zip Code	County	Age	Birth Date
Telephone Number including Area Code		E-mail Address		Social Security Number		Federal ID Number (Business)	
License Issuer Name(s) and License Number(s) and License Type							

**Important:** incorrect or incomplete addresses will cause delays in processing applications.

_____ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Electrical License at this time.
_____ (Initial) I confirm that all information contained on and submitted with this application is current and true to the best of my knowledge.
Date _____ Signature of Applicant _____

<b>***For Office Use Only***</b> <b>Application: Denied</b> <input type="checkbox"/> <b>Application: Approved</b> <input type="checkbox"/>
<b>Application Approved or Denied by:</b> _____ <b>Date</b> _____

**Read this section carefully!**

The following information must be submitted with this application:

- One passport sized color photograph
- Contractor license applicants must submit an Insurance Certificate indicating \$500,000 or more liability insurance by an authorized Kentucky insurer and proof of compliance from an approved insurance provider with the Kentucky Department of Insurance..
- Copy of valid license from participating state.

**A nonrefundable fee must be submitted with this application. Without this fee, this application will not be processed. Cash and/or credit card information will not be accepted by mail. Add the fees if you are applying for multiple licenses.**

**Make checks payable to *Kentucky State Treasurer.***

